SETTLEMENT OF CLAIM

139	SEX M	CODE	VOUCHER NUMBER	DEPENDENT RELATIO	NSHIP	DATE CLAIM IN			N OF DEDUCTIBLE VIOUS CLAIMS
			1 45 (F			MOUNTS		Calendar Year 196	
AUDIT BREAKDOWN AMOUNTS AMOUNT OF ACTUAL PAYABLE U							(cher No	
			1	CHARGES BASE PLAN		- 1	cher No.		
Hospital Admission			CHARGES		ASE FLAIT	1	cher No	Amt	
Hospital Room Days@\$							Current Calendar Year 196, 1		
Hospital Room Days@\$							Voucher No Amt		
Inpatient Hosp, Misc. (Include Ambulance) Outpatient Hosp, Misc.							I I		Amt
			- 				· · · · · · · · · · · · · · · · · · ·	Amt	
Surgeon		<u></u>	- -	 -					
Anesthetist (Other						L			
	¥.	-	······································				Show	any excess on this	claim which may be applie
Blancia de la			nle vobal	~~~~			l t		e deductible in the:
Physician (Other than Surgeon) 1/3/67-12/18/67 228.60							Current Calendar Year RCO 168		
Drugs (Other than Hospital) 3/11/67-7/20/67 16-65									
Other Covered Ex		EIVE VICE	WORKEUTET		/			lowing Calendar Year	والمرافق والناوية والمرافق وال
TOTAL BASE PLAN BENEFITS THIS WORKSHEET									discondinated for the same of
Total Actual Char		244-65	1		Control Paid Pre				
Show Any Excess				244-65	∖.		1 1000 110	***************************************	
Add Any Accumu			ne Applicable		¦ \	. /	Poid Thi	s Andit	
Total Line 16 and	Line 17			244.65	1	\ /			
a. Deductible	_		\$100,00	1	(\vee	Accumul	ated Amount	1
b. Private Room (-		spital	-330.00	1	Λ	Accumulated Amount MAJOR MEDICAL MAXIMUM PAID CONTROL		
Average Semiprivate Rate								ajor Medical MU	VINOW I VID COLLINOF
Total Deductible							Previous	•	164.28
Enter Excess of Li		ver Line		144.65	∤ /	\		Major Medical	
PAYABLE @ 809			144.65	1/	\	Poid Thi	•	115.72	
PAYABLE @ 509					/		<u> </u>	Reinstotement	_
			S THIS WORKSHEET		├	115.72		•	
		ORKSHE	ET (Line 14 Plus Line 2	3)	┸—	115.72_	, 	tot Previously Taken	
EM 9 BREAKDOW	N:			,				comulated	280.00
							Major A	Aedical Faid	200,00
EM 11 BREAKDO	wn;		<u></u>				.		
Asst. Surgeon							. [
Others					·		.		
							}		\vec{D}
_									*34;
EM 13 BREAKDO	WN:						Date_	March	19 , 19 68
Appliances							-		
Nurse							- }		
Others (Explain)							- [_		
							DECL	ASSIFIED.	AND RELEASED
EMARKS:									
							UENI	KAL INIEL	LIGENCE AGEN
			1)				s h អ ខ រ	C E'S METHOR	SEXEMPTION 3B
		<i>/</i>	Keenned:						
			_	110.1.	un		NAZI	WAR CRIME	S DISCLOSURE A
•			Mari	A. Giordo	·w		1	2006	
			₹ 						

Form MG337 2-66

THIS COPY SHOULD BE RETAINED FOR INCOME TAX PURPOSES